

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL

**10/539634**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
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35		12		/		
36		12		/		
37		12		/		
38		12		/		
39		12		/		
40		6		/		
41		12		/		
42		12		/		
43		12		/		
44		12		/		
45		12		/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	1		1			
TOTAL DEP.	302		58			
TOTAL CLAIMS	303		59			

PTO-1568 (REV. 11-80)

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE